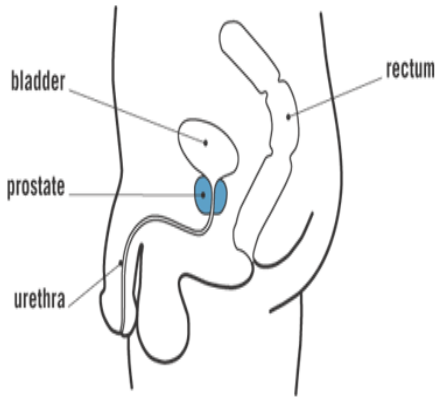
TENNESSEE COMPREHENSIVE CANCER CONTROL COALITION

TCCCC Cancer Facts & Stats

Prostate Cancer in Tennessee

What is Prostate Cancer?

Prostate cancer is the most commonly diagnosed non-skin cancer in the United States. Prostate cancer occurs when cells within the prostate grow uncontrollably, creating small tumors. It is estimated that there are over 2 million American men currently living with prostate cancer. In 2006, over 232,000 men will be diagnosed with prostate cancer, and over 30,000 men will die from it. More than 3,000 cases are found in Tennessee yearly. There were 673 deaths in Tennessee caused by prostate cancer in the year 2003.



Who is at Risk?

Age is the single most important factor in the development of prostate cancer. The chance of having prostate cancer increases rapidly after age 50. About 80% of all prostate cancers are diagnosed in men over the age of 65. African American men are 65% more likely to be diagnosed with prostate cancer than Caucasian Americans and are more than twice as likely to die from it.

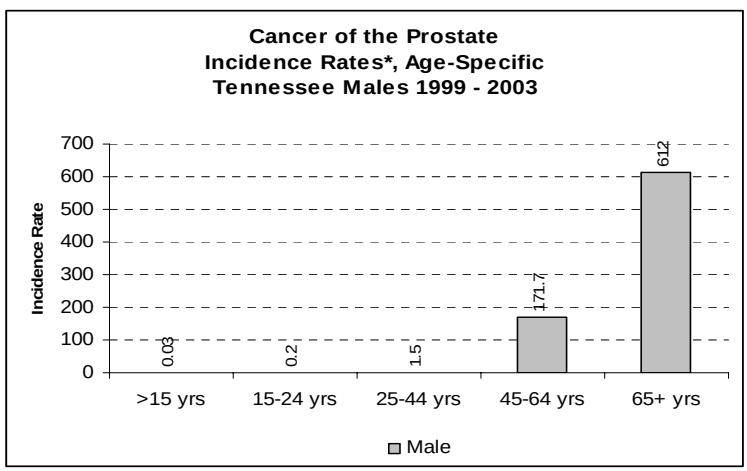
What Are The Symptoms?

Often, early stages of prostate cancer do not cause symptoms. But, in some cases, men with prostate cancer may experience any of these problems:

- A need to urinate frequently, especially at night
- Difficulty starting urination or holding back urine
- Weak or interrupted flow of urine
- Painful or burning urination
- Difficulty in having an erection
- Painful ejaculation
- Blood in urine or semen
- Frequent pain or stiffness in the lower back, hips, or upper thighs

When Should Screening Begin?

The American Cancer Society suggests that prostate cancer screening (PSA blood test and DRE) should be offered annually, beginning at age 50, to men expected to live for at least 10 years. Men who may be at high risk, such as those with a father or brother with prostate cancer diagnosed at an early age, should begin testing at age 45. Men at even higher risk (because they have several first-degree relatives who had prostate cancer at an early age) or African-American men could begin testing at age 40.



* Five-year average annual rate per 100,000 Tennessee males.

Screening Tests

Digital Rectal Exam (DRE)- During a digital rectal examination the physician feels the back portion of the prostate for size and any irregular or abnormally firm areas. For this test, the physician inserts a gloved and lubricated finger into the rectum.

Prostate Specific Antigen Test (PSA)-PSA is a substance produced by cells from the prostate gland and released into the blood. The PSA test measures the PSA level in the blood. A small amount of blood is drawn from the arm. The doctor checks the blood to see if the PSA level is normal. The doctor may also use this test to check for any increase in your PSA level compared to your last PSA test.

Percent Free PSA- This test measures how much PSA circulates freely in the blood and how much is bound with other proteins. The more free PSA that is present the better (or the more likely a man is to be "free" of cancer).

PSA Density (PSAD)- PSA density is the value of the PSA divided by the size of the prostate, which can be determined by a transrectal ultrasound (TRUS). The likelihood of prostate cancer is increased when the PSAD value is high.

Transrectal Ultrasound (TRUS)-This procedure uses sound waves to create an image of the prostate to help guide the biopsy needles. It has been shown that TRUS alone is of limited, if any, value in the diagnosis of prostate cancer and is now used primarily to guide biopsy needles.

Treatment

A wide array of treatments for prostate cancer have been developed including surgery, radiation, hormone deprivation therapy, chemotherapy, dietary changes and the use of various herbal supplements. Deciding which of these treatments to select is a difficult decision. Prostate cancer is a complex heterogeneous disease that acts differently in different men. Some side effects from prostate cancer treatment include: incontinence, impotence, fatigue, pain, bone pain or weakness, and depression.

Survival

Mortality rates for prostate cancer have declined since the early 1990's. Overall, 99% of men diagnosed with prostate cancer survive at least 5 years. Further, 92% survive at least 10 years, and 61% survive at least 15 years.

Funding

During the past 13 years, the Prostate Cancer Foundation has raised more than $245 million to support aggressive prostate cancer research. During that time, U.S. government funding for prostate cancer research has increased 20-fold from $25 million per year in 1993 to over $500 million in 2004 – largely as a result of the advocacy efforts of the Prostate Cancer Foundation.

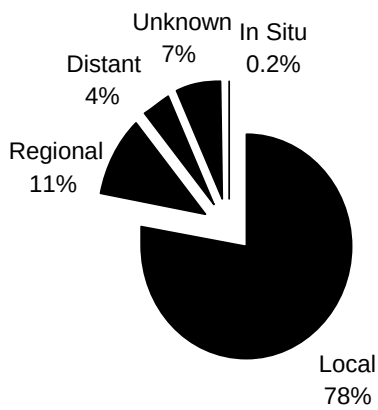
For More Information:

www.prostate.com
prostate-cancer.org
www.prostatecancerfoundation.org/

Education and Support Groups:

www.ustoo.com

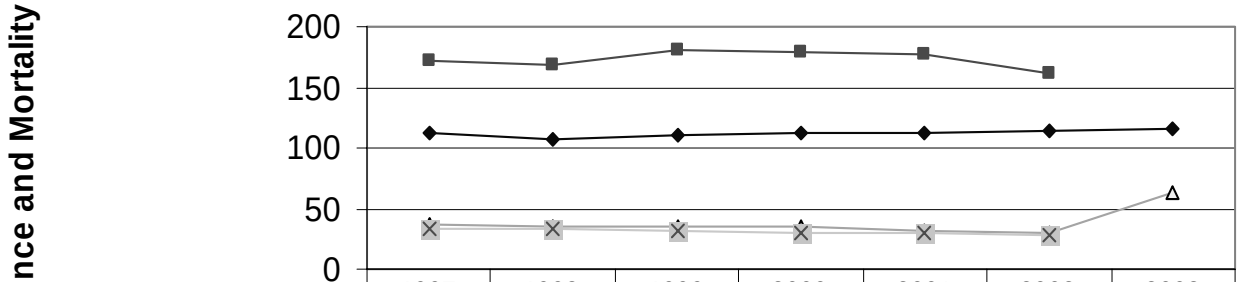
Cancer of the Prostate
Stage of Disease at Diagnosis
Tennessee Males 1999-2003



Prostate Cancer Stats

•Cancer of the prostate was the most commonly diagnosed cancer among males in Tennessee during 1997-2003, with over 14,000 men diagnosed.
•Cancer of the prostate very rarely occurred before the age of 45 and the incidence dramatically increased with age. Nearly 39% of prostate cancer was diagnosed in men age 45 -64 and 36% in men age 65 and older.
•During 1999-2003 in Tennessee, 78.2% of men with prostate cancer were diagnosed with early (0.2% *in situ* or 78% local) disease. Stage at diagnosis was not reported in 7% of cases.
•Cancer of the prostate in Tennessee was the second leading cause of cancer-related mortality in men during 1999-2003. It accounted for approximately one in ten male cancer deaths.

Cancer of the Prostate
Incidence and Mortality Rates*, Age-Adjusted
Tennessee Males 1997-2003,
U.S. Males 1997-2002



	1997	1998	1999	2000	2001	2002	2003
Incidence TN Males	111.6	107.3	110.3	111.6	111.5	114.8	116.6
Incidence US Males	172.1	169.1	180.5	178.9	176.8	161.2	
Mortality TN Males	36.2	35.5	35.1	34.3	31.4	30.4	62.9
Mortality US Males	34.1	32.6	31.6	30.3	29.1	28.1	

* Rates are per 100,000 Tennessee residents and are age-adjusted to the 2000 U.S. standard population. U.S. rates are from SEER (Ries et al., 2005).

Cancer of the Prostate Incidence Rates

By County, Tennessee Males 1999 - 2003

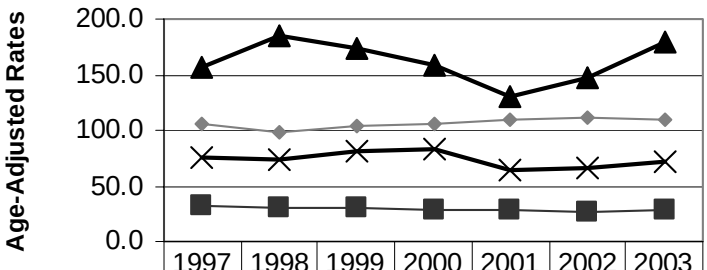
Prostate.Rate

- 173.8 - 209.9
- 113.1 - 173.7
- 3.6 - 113.0
- 0.0 - 3.5

Tennessee Rate: 113.1
U.S. Rate: 173.8^

* Five-year average annual rate per 100,000 Tennessee males, age-adjusted to the 2000 U.S. standard population.
^U.S. rate is 1998-2002 average annual age-adjusted rate and is from SEER (Ries et al., 2005).

Cancer of the Prostate
White vs. Black, Age-Adjusted*
Incidence and Mortality, 1997 - 2003



	1997	1998	1999	2000	2001	2002	2003
Incidence WM	106.5	98.3	103.0	106.3	109.6	110.5	108.9
Mortality WM	31.4	31.1	29.9	28.9	27.8	26.7	28.9
Incidence BM	157.1	184.7	172.8	158.6	129.7	148.1	178.9
Mortality BM	74.6	73.5	80.7	82.4	64.7	65.2	71.2

* Rates are per 100,000 Tennessee residents and are age-adjusted to the 2000 U.S. standard population.

About the TCCCC:

Tennessee Comprehensive Cancer Control Coalition (TCCCC) is a diverse group of partners and organizations from across the state who are dedicated to reducing cancer incidence, morbidity, and mortality in Tennessee.

A statewide approach to cancer control is the most effective way to tackle such a monumental public health concern. No single agency or organization can meet the challenge alone.

Physicians, nurses, other health care professionals, community leaders, business leaders, researchers, and cancer advocates who share our mission are encouraged to join the TCCCC.

Funding for the TCCCC is provided by a grant from the Centers for Disease Control and Prevention (Grant Number U55/CCU 42198103).

Visit us on the Web:
www2.state.tn.us/health/CCCP

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